

NH Medicaid Care Management *Frequently Asked Questions (FAQs)*

When should I pick a Health Plan?

You need to pick a Health Plan by the due date in the enclosed letter.

What happens if I don't pick a Health Plan or tell you which Primary Care Provider (PCP) I want?

If you don't pick a Health Plan by the due date in the enclosed letter, the NH Department of Health and Human Services (DHHS) will pick a Health Plan for you. You may tell us which PCP you want when you pick your Health Plan. You do not have to pick a PCP now. If you do not pick a PCP when you pick your Health Plan, the Health Plan may assist you or select one for you. The Health Plan will contact you in the first 30 days to confirm who your PCP is.

What are my Health Plan choices?

You can choose from the following Health Plans:

Health Plan Name	Health Plan Contact Information
Well Sense Health Plan	www.WellSense.org Member Services: 1-877-957-1300
New Hampshire Healthy Families	www.NHhealthyfamilies.com Member Services: 1-866-769-3085

Why should I pick a PCP?

A PCP is an important part of your health care team. Your PCP is the healthcare provider who knows you best. Your PCP will make sure that you have the right tests and screenings to check for any health problems. He or she will provide care or coordinate the care you get, including possibly sending you to other doctors for specialty care. When you pick a Health Plan, you may tell us which PCP you want. That way the Health Plan will know who you want for your PCP. If you do not know who you want for a PCP today, your Health Plan will discuss this with you.

Which Health Plan should I pick?

Use the tips below to decide which Health Plan is right for you. Please read the information carefully.

Tips for picking a Health Plan:

If you have a doctor now:

- Make a list of the doctors, clinics, hospitals, and other health care providers you use now. Decide which ones you want to keep using.
- Find out which Health Plans the health care providers work with: Call the doctor, contact the Health Plan, call the Care Management Enrollment Call Center at 1-888-901-4999, or visit <http://www.dhhs.nh.gov/ombp/caremtg/index.htm>.
- If your doctor works with more than one Health Plan, pick the Health Plan you like best.
- If you want to *change* your doctor, pick the Health Plan you like best.

If you do NOT have a doctor:

Compare the Health Plans and see which Health Plans offer more of what you want. We have included information about both of the Health Plans with this letter. You may also go to the Health Plans' websites or call them (web addresses and phone numbers are listed above). Both Health Plans offer the same basic benefits and health management programs, and all cover the Medicaid services you get now, but some Health Plans might offer extra services and programs that you would like to have.

How do I tell you which Health Plan or PCP I want?

- Call the Care Management Enrollment Call Center at 1-888-901-4999 **OR**
- Pick a Health Plan or PCP online through NH EASY! All you have to do is go to www.nheasy.nh.gov **OR**
- Complete and return a *Health Plan Selection Form*.

How do I get my PCP's NPI Number (National Provider Identifier) for the Health Plan Selection Form?

You do not have to pick a PCP now. If you would like to pick a PCP now, you may do so by calling the Care Management Enrollment Call Center, or you may pick your PCP online through your NH EASY account, or you may tell us on the Health Plan Selection Form. Whenever you do pick, you will need the PCP's National Provider Identifier (NPI) number. You may get your PCP's NPI Number by:

- Calling the Care Management Enrollment Call Center at 1-888-901-4999 **OR**
- Going to www.nheasy.nh.gov **OR**
- Visiting <http://www.dhhs.nh.gov/ombp/caremgmt/index.htm>

What do I do with my Medicaid Card?

Do Not Throw Your Medicaid Card Away. You will still need it. You will need to use both your Medicaid Card and your new Health Plan Card when you get medical services. **Please note:** Your Health Plan will not coordinate your child's dental services. You will continue to use only your Medicaid Card for your child's dental services. Your child's dental services will continue to be covered in the same way they are now. Please keep all your cards in a safe place.

What if I am not happy with my Health Plan?

If you are not happy with the Health Plan you pick or you are assigned to, you have 90 days to pick a different plan. This 90 days to pick a new plan starts anew each time you are enrolled with a new Health Plan.

What if I get long-term care services?

Even if you get long-term care (LTC) services, meaning you are in a nursing facility or get Home and Community-Based Care (HCBC) or Choices for Independence (CFI) services, you will still have to pick a Health Plan for your Medicaid services that are not LTC services, such as adult medical day care, personal care services, or private duty nursing, unless you are allowed to opt out. For now, your LTC services will continue to be covered through NH Medicaid in the same way they are now.

Some people are exempt from NH Medicaid Care Management.

Nothing changes for you if you are in any of the groups listed below. You will continue to use your Medicaid in the same way you always have for your health care.

- People on In and Out Medical Assistance
- People who receive benefits from the US Department of Veteran's Affairs
- People who are Qualified Medicare Beneficiaries (also referred to as QMB) and Specified Low-Income Medicare Beneficiaries (also referred to as SLMB/SLMB135) and have no other kind of medical assistance
- People who are in the Qualified Disabled Working Individual (QDWI) eligibility category and have no other kind of medical assistance.

What about continued receipt of Medicaid and my other benefits?

The Health Plan you pick does not determine your eligibility for Medicaid, cash, child care, LTC, HCBC, or Food Stamp benefits. DHHS determines your eligibility for these benefits. DHHS will continue to contact you about your case and benefits. You must still read all DHHS notices and follow the directions in the notices by the deadlines. DHHS will tell you when it is time to review your case for continued receipt of your benefits. You may have to fill out forms or come in to see your worker. If you do not respond to these DHHS notices or complete your review for ongoing eligibility, your Medicaid and your other benefits may end.